

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000071589

1. Entity Name
O C AIR CONDITIONING CORP.



Principal Place of Business

**219 NW 66 AVE
MIAMI, FL 33126**

Mailing Address

**219 NW 66 AVE
MIAMI, FL 33126**

DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0442286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CEPERO, OSVALDO
219 NW 66 AVE
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CEPERO, OSVALDO
STREET ADDRESS	219 NW 66 AVE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D
NAME	CEPERO, MAGALY M.
STREET ADDRESS	219 NW 66 AVE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	S
NAME	CEPERO, OSVALDO
STREET ADDRESS	219 N.W. 66 AVE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	T
NAME	CASTILLO, RENE V
STREET ADDRESS	1811 N.W. 36 AVE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/08-80049-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cepero Osvaldo Cepero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2008 305-241-7541

Date

Daytime Phone #